

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
1	/						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13		/					63			
14		/					64			
15	/						65			
16							66			
17							67			
18							68			
19							69			
20							70			
21	/						71			
22	/						72			
23							73			
24	/						74			
25		1					75			
26		2					76			
27		2					77			
28		2					78			
29		2					79			
30		2					80			
31		1					81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	30						TOTAL DEP.			
TOTAL CLAIMS	34						TOTAL CLAIMS			